## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 0 / 5 9 1 7 8 5

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)   |  |   |   |   |                     |                          |                     | SMALL ENTITY TYPE   |                        | OR | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|---|---|---------------------|--------------------------|---------------------|---------------------|------------------------|----|----------------------------|------------------------|
| U.S   | . NATIONAL S                                   | STAGE FEES                                      | (Column   | 1 1)                                    | · ·                 | Column 2)                | 1                   | RATE                | FEE                    | 1  | RATE                       | FEE                    |
| _   | IC FEE   |   | SMALL ENT.  | = \$ 150                                | LARC                | SE ENT. = \$ 300         |                     | BASIC FEE           |                        | OR | BASIC FEE                  |                        |
| EXA   | MINATION FE                                    |   | Satisfies PCT Ar  |   |                     | her situations =         |                     | EXAM, FEE           |                        | "  | EXAM. FEE                  |                        |
| SEARCH FEE  |  |   | (4) = \$50 / \$ 100<br>U.S. is ISA = \$50 / \$ 100<br>ALL other countries = ALI |   |                     | ther situations =        |                     |                     | <u> </u>               |    |                            |                        |
|   |  |   | \$ 200 / \$   | 400                                     | \$                  | 250 / \$ 500             |                     | SEARCH FEE          |                        |    | SEARCH FEE                 |                        |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minu  | ıs 100 =                                |                     | / 50 =                   |                     | X \$ 125 =          |                        |    | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | / minus 20 = .  |   |                     |                          |                     | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
| INDEPENDENT CLAIMS  |  |   | minus 3 = *   |   |                     |                          |                     | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
| MUL   | TIPLE DEPENI                                   | DENT CLAIM PRI                                  | ESENT   |   |                     |                          |                     | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in o   |  |   |   |   |                     | olumn 2                  |                     | TOTAL               |                        | OR | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |   |   |                     |                          | Λ                   | SMALL ENTITY        |                        | OR | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |   | HIGH<br>NUM<br>PREVIO<br>PAID           | BER<br>OUSLY        | PRESENT<br>EXTRA         |                     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                                      | -                   | =                        |                     | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
|   | Independent                                    | •   | Minus   | ***                                     |                     | =                        |                     | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |   |                     |                          |                     | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
|   |  |   |   | TOTAL ADDIT.<br>FEE                     |                     | OR                       | TOTAL ADDIT.<br>FEE |                     |                        |    |                            |                        |
|   |  |   |   |   |                     |                          |                     |                     |                        |    |                            |                        |
| AMENDMENT B   |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |   | (Colur<br>HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY | (Column 3) PRESENT EXTRA |                     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                                      |                     | =                        | Ì                   | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
|   | Independent                                    | *   | Minus   | ***                                     |                     | =                        |                     | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
|   | FIRST PRES                                     | ENTATION OF M                                   | ULTIPLE DEPE  | NDENT (                                 | CLAIM               |                          |                     | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
|   |  |   |   |   |                     |                          |                     | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |   |   |                     |                          |                     |                     |                        |    |                            |                        |